

# Hiring Document Checklist

Human resources · Event-based

## Candidate details

Business name

Full name

Role

Start date

Hiring manager

Ritapos username

## Document confirmation

| Question                                                  | Yes                      | No                       | Initials | Notes |
|-----------------------------------------------------------|--------------------------|--------------------------|----------|-------|
| Was a copy of the identity document collected?            | <input type="checkbox"/> | <input type="checkbox"/> |          |       |
| Was proof of address collected?                           | <input type="checkbox"/> | <input type="checkbox"/> |          |       |
| Was a contact phone number recorded?                      | <input type="checkbox"/> | <input type="checkbox"/> |          |       |
| Was a health report or hygiene certificate collected?     | <input type="checkbox"/> | <input type="checkbox"/> |          |       |
| Were bank account details collected?                      | <input type="checkbox"/> | <input type="checkbox"/> |          |       |
| Was an emergency contact recorded?                        | <input type="checkbox"/> | <input type="checkbox"/> |          |       |
| Was the social security employment declaration submitted? | <input type="checkbox"/> | <input type="checkbox"/> |          |       |
| Was the data protection notice signed?                    | <input type="checkbox"/> | <input type="checkbox"/> |          |       |

## System access and issued items

| Question                                     | Yes                      | No                       | Initials | Notes |
|----------------------------------------------|--------------------------|--------------------------|----------|-------|
| Was a Ritapos user created?                  | <input type="checkbox"/> | <input type="checkbox"/> |          |       |
| Does the role match the job?                 | <input type="checkbox"/> | <input type="checkbox"/> |          |       |
| Is the PIN or password unique to the person? | <input type="checkbox"/> | <input type="checkbox"/> |          |       |
| Were the apron, card, and locker issued?     | <input type="checkbox"/> | <input type="checkbox"/> |          |       |
| Was an orientation form opened?              | <input type="checkbox"/> | <input type="checkbox"/> |          |       |

## Missing documents and deadline

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## Signature

Responsible person's signature

Employee signature

Date

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This form is a checklist for training purposes. It does not change your municipal, food registration, or occupational health obligations. Confirm local requirements in writing.